



# LATITUDE

Telcom Consultants LLC

14 Corporate Woods Blvd., Suite 215  
Albany, New York 12211

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUN 30 2014

FCC Mail Room

June 23, 2014

**REDACTED - FOR PUBLIC INSPECTION**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: FCC Form 481 – 2014 Carrier Annual Reporting Data Collection  
WC Docket No. 10-90; WC Docket No. 11-42  
Newport Telephone Company (SAC: 150107)**

Dear Secretary Dortch:

On behalf of Newport Telephone Company, Latitude Telcom Consultants, LLC hereby files a redacted version of the company's FCC Form 481 Carrier Annual Reporting Data Collection, as required by 47 C.F.R. § 54.313 and 54.422 of the Commission's rules (original and one copy).

In addition, the company seeks confidential treatment under the Protective Orders adopted in this proceeding for the 47 C.F.R. § 54.313(f)(2) financial information and 54.313(a)(1) Five-Year Service Quality Improvement Plan information included in its filing.<sup>1</sup> The submitted confidential documents contain sensitive information regarding projected construction activity plans and financial data which, if made publically available, could be used by its competitors or others to the company's disadvantage. One copy of the confidential documents is also enclosed.

The FCC Form 481 has been submitted to USAC via its e-file system and a copy of the submission is also being provided to the state commission. Please contact me at (518) 443-2802, or jerryll@latitude-LLC.com, if you have any questions regarding this filing.

Sincerely,

Jerry P. Legg  
Latitude Telcom Consultants, LLC

No. of Copies rec'd 0+1  
List ABCDE

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>1</sup> WC Docket 10-90 *et al.*, Protective Order, DA 12-1857 (released Nov. 16, 2012) and Third Protective Order, DA 12-1418 (released Aug. 30, 2012).

<010> Study Area Code	150107
<015> Study Area Name	NEWPORT TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Jerry Legg
<035> Contact Telephone Number: Number of the person identified in data line <030>	5184432802 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jerryl@latitude-llc.com

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FCC Mail Room

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 150107ny510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 150107ny610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 150107ny1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

150107ny112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.




(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerryll@latitude-llc.com

[illegible]

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

[illegible]

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation



<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)





<010>	Study Area Code	150107
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



<010>	Study Area Code	150107
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

150107ny1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

<010> Study Area Code	150107
<015> Study Area Name	NEWPORT TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035> Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jerry@latitude-llc.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐  
(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒  
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐  
(3023) Underlying information subjected to a review by an independent certified public accountant ☐  
(3024) Underlying information subjected to an officer certification. ☐  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

150107ny3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information





<010> Study Area Code	150107
<015> Study Area Name	NEWPORT TEL CO
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<035> Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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<039> Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Jerry P. Legg</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Jerry P. Legg
Name of Reporting Carrier:	NEWPORT TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/23/2014
Printed name of Authorized Officer:	Joseph Tomaino
Title or position of Authorized Officer:	Vice President of Operations
Telephone number of Authorized Officer:	3158458112 ext.
Study Area Code of Reporting Carrier:	150107 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	NEWPORT TEL CO
Name of Authorized Agent or Employee of Agent:	Jerry P. Legg
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/23/2014
Printed name of Authorized Agent or Employee of Agent:	Jerry P. Legg
Title or position of Authorized Agent or Employee of Agent:	Senior Consultant
Telephone number of Authorized Agent or Employee of Agent:	5184432802 ext.
Study Area Code of Reporting Carrier:	150107 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

1700 Prince of Wales Highway, Prince George, BC  
 Data Collection Area

<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry@latitude-llc.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]





<010>	Study Area Code	150107
<015>	Study Area Name	NEWPORT TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerryl@latitude-llc.com
<810>	Reporting Carrier	Newport Telephone Company, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**Newport Telephone Company**

**Service Quality Standards & Consumer Protection Rules Compliance**

**FCC Form 481, Line 510**

The company complies with applicable service quality standards and consumer protections by (1) maintaining and submitting monthly trouble report data to the New York State Public Service Commission ("NYPSC"); (2) reporting major service interruptions to the NYPSC in a manner consistent with its guidelines; (3) filing local service tariffs with the NYPSC and making rate and service information available to the public upon request; (4) clearly listing all charges and credits on customers' bills; (5) providing full and prompt investigation of, and response to, customer complaints; (6) providing access to enhanced 911 emergency report centers; (7) participating in statewide system for the hearing impaired; (8) complying with federal CPNI rules and other applicable consumer privacy protection requirements, including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers; and (9) implementing procedures that are consistent with the FTC's guidance on measures to detect/prevent identity theft (Red Flag).

In addition, the company complies with applicable consumer protections identified in 47 C.F.R. Part 8 for its broadband internet services including, but not limited to, §8.3, §8.5 and §8.7 addressing transparency, blocking and discrimination protections, respectively.

## **Newport Telephone Company**

### **Functionality in Emergency Situations FCC Form 481, Line 610**

The company has generators on site at each of its three exchange offices. Two concentrators also have permanent back-up power on site. The remaining concentrators are powered by portable units when required. All locations have battery back-up.

In addition to supporting its voice network, the company's emergency generators and/or batteries would also be used to support its broadband network in the event of an extended power outage. Technicians are also on call 24x7x365 for emergencies affecting all communication services, including broadband.

The company has a physically diverse self-healing route to the upstream provider via a statewide fiber optic network. The upstream provider has multiple providers for IP failover in the event that a provider has an outage via BGP4 routing protocol.

Service contracts are maintained on critical routing equipment used for broadband services.

Where possible, broadband access equipment is configured on a physically diverse fiber optic self-healing SONET ring.

Geographic, fiber optic route diversity exists between each of the three exchanges, and to the tandem as well.

The company currently runs on average 30-40% of our available network to the tandem. Outbound calls could be re-routed to an alternate tandem as necessary.



**Newport Telephone Company**

**Description of Voice Services Rate Comparability**  
**FCC Form 481, Line 1010**

<b>Exchange</b>	<b>Residential Local Service Flat Rate</b>	<b>State Subscriber Line Charge</b>	<b>State Universal Service Fee</b>	<b>Mandatory EAS Charge</b>	<b>Federal SLC</b>	<b>Total Rate and Fees</b>
Newport	\$23.00	\$0.00	\$0.00	\$0.00	\$6.50	<b>\$29.50</b>
Poland	\$23.00	\$0.00	\$0.00	\$0.00	\$6.50	<b>\$29.50</b>
Middleville	\$23.00	\$0.00	\$0.00	\$0.00	\$6.50	<b>\$29.50</b>
						<b>\$0.00</b>
						<b>\$0.00</b>

As demonstrated in the above table, the company's pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice services (Reasonable Comparability Benchmark), as published annually by the Wireline Competition Bureau.

**Reasonable Comparability Benchmark for Voice Service:**

**\$46.96**

**NEWPORT TELEPHONE COMPANY**

**LINE 1210 ATTACHMENT**

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
Second Revised Page 3  
Superseding First Revised Page 3

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

1. Lifeline Telephone Service Options

a. Description

1. Lifeline Discounted Service

This service provides a flat rate federal discount of \$9.25, consisting of a \$6.50 reduction of the Federal Subscriber Line Charge and a \$2.75 reduction in the monthly rate for local exchange telephone service for residential customers. Qualified customers may choose any type or grade of local telephone service, including bundled services that are normally offered by the Company.

+

(C)

+

1 A. Additional Lifeline Discount

This service provides the discount as outlined in A.1.a.1 above and may provide an additional discount equal to the serving company's increase in residential basic local exchange service, as authorized by the NYS Department of Public Service in Case No. 07-C-0349, released March 4, 2008, whereby the NY Commission authorized certain companies to increase basic local service rates up to \$2.00 per year for 2 years. The discount can be found on Addendum 1 of the individual Company tariff for those companies offering the Additional Lifeline Discount.

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 3.1  
Superseding Original Page 3.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

+

(D)

+

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210



P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9

First Revised Page 4

Superseding Original Page 4

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

1. Lifeline Telephone Service Options (cont'd)

b. General

Qualified customers may choose to apply the federal Lifeline credit to any of the company's local service offerings, including any local bundled service offering, basic local service, or message rate service. Message rate Lifeline service is available only where central office facilities permit. For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Tribal Lands Link Up program.

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Service connection charges do not apply to change existing service from:

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1. Message or flat rate services to Lifeline service.
2. Lifeline service to non-Lifeline services.

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*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

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SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations

- a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must certify and provide documentation as income eligible. For a consumer to be eligible under the income requirements, the consumer's household income as defined in § 54.400(f) of the FCC Rules must be at or below 135% of the Federal Poverty Guidelines for a household of that size or a recipient of benefits from any one of the following Entitlement Programs:

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1. Medicaid;
2. Supplemental Nutrition Assistance Program (SNAP) F/K/A Food stamps;
3. Supplemental Security Income;
4. Federal Public Housing Assistance (Section 8);
5. Low-Income Home Energy Assistance Program (LIHEAP);
6. National School Lunch Program's free lunch program;
7. Temporary Assistance for Needy Families/SafetyNet;
8. Veterans Disability Pension
9. Veterans Surviving Spouse Pension

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*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC  
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Issued by: Robert R. Puckett, President  
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany 12211

Date Effective: July 1, 2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

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SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations (cont'd)

- b. The Lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

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- c. The Company, in coordination with appropriate agencies and the Lifeline Customer, will require Lifeline customers to be re-certified, on an annual basis. Lifeline customers will need to certify that they continue to be eligible to receive these Lifeline benefits and that they are not receiving benefits from another company. If a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

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3. Locality Charge Waiver

Customers receiving Lifeline Telephone Service will have applicable locality charges waived each month while they are receiving the Lifeline Assistance.

4. Voluntary Toll Blocking (Restriction)

Customers receiving Lifeline service can voluntarily request and receive toll blocking (call restriction), third number billing/collect call restriction without a monthly charge. There will be no record order charge to add these types of restrictions (blocking).

*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Company Name: Newport Telephone Company  
Calendar Year: 2013

LIFELINE PROGRAM SERVICES (1200)

Rates in effect as of: January 1, 2014

Service or Package Name	Non-Discounted Local Rate	Lifeline Discount enter as (-)	Discounted Lifeline Rate	Total Minutes Provided	Description of Additional Toll Charges (if any)
Lifeline	\$23.00	-\$2.75	\$20.25	N/A	Toll billed by carrier of choice
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		

**REDACTED – FOR PUBLIC INSPECTION**

**NEWPORT TELEPHONE COMPANY**

**LINE 112 ATTACHMENT**

**ATTACHMENT REDACTED IN ITS ENTIRETY**



**REDACTED – FOR PUBLIC INSPECTION**

**NEWPORT TELEPHONE COMPANY**

**LINE 3026 ATTACHMENT**

**ATTACHMENT REDACTED IN ITS ENTIRETY**